



State Heart Disease and Stroke Prevention Program Addresses Stroke



Each year about 500,000 people suffer first-time strokes and 200,000 have recurrent attacks.¹ On average, someone in the United States suffers a stroke every 45 seconds and every 3.1 minutes someone dies of a stroke.² Stroke is a leading cause of disability and the third leading cause of death in the United States.³ The likelihood of having a stroke more than doubles for each decade after age 55.⁴ In 2002, there were a total of 445,452 hospitalizations among Medicare enrollees that were attributed to stroke.⁵ In 2003, the estimated cost of health care and lost productivity due to stroke in the United States is estimated at 51.2 billion.² Stroke risk factors that can be modified or controlled include high blood pressure, high cholesterol, diabetes, smoking, and obesity. Calling 9-1-1 and obtaining immediate medical treatment can reduce stroke-related deaths and disability.

State Heart Disease and Stroke Prevention Program: Take Action!

State Health Departments work to reduce the burden of stroke by promoting activities that can be implemented in health care, work sites, communities, and schools. A state program might

- Promote health care environments that improve quality of care by increasing adherence to guidelines for the primary and secondary prevention of stroke (e.g. physician reminder system).
Potential Partners: primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization.
- Promote policies for treating stroke as an acute emergency; provide immediate diagnostic evaluation and treatment within 3 hours; and have a neurological consult on call at all times.
Potential Partners: hospitals, medical associations, American Heart Association (AHA) affiliate

Know the Warning Signs of Stroke!

Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.

Sudden confusion, or trouble speaking or understanding.

Sudden trouble seeing in one or both eyes.

Sudden trouble walking, dizziness, or loss of balance or coordination.

Sudden severe headache with no known cause.

**Stroke is a medical emergency,
call 9-1-1!**

Examples of Stroke Activities in the CDC-Funded Cardiovascular Health State Programs:

State Plans

All state programs are developing or updating comprehensive state plans to include stroke. Alabama, Arkansas, Colorado, Connecticut, Louisiana, Mississippi, Nebraska, North Carolina, and Ohio state programs are coordinating prevention strategies with stroke coalitions in their states.

Stroke Interventions

North Carolina, South Carolina, and Georgia have established the Tri-State Stroke Network to develop and implement stroke prevention and control programs in the region.

A Delta States Stroke Consortium was recently formed with members from Alabama, Arkansas, Louisiana, Mississippi and Tennessee.

- Promote policy development for universal 9-1-1 statewide availability.
Potential Partners: AHA affiliate, Emergency Medical Services, hospitals, health departments, injury prevention coalitions, community groups.
- Increase the awareness of signs and symptoms of stroke and the need to act promptly by calling 9-1-1. Provide education, training, and public awareness.
Potential Partners: hospitals, AHA affiliate, local media, Red Cross, medical, nursing, and faith associations, priority population organizations, PTA, Department of Education School Health Programs.
- Strengthen prevention through increased awareness and education about risk factor and lifestyle changes that affect high blood pressure, high cholesterol, diabetes, and smoking through policy and environmental changes. Assure detection and follow-up services for control of blood pressure and cholesterol in the work site and community. Reinforce a coordinated school health program.
Potential Partners: AHA affiliate business, industry and human resource management, employee associations, unions, PTA, department of education school health programs, fire departments, faith organizations, local minority nursing association, and local health departments.
- Advocate for health care coverage that includes primary and secondary prevention services and rehabilitation services for stroke survivors.
Potential Partners: AHA affiliate, business, industry and human resource management, employee associations, unions, third party payers, health care providers, local policy-makers.
- Promote multi-state and regional stroke networks, similar to the Tri-State Stroke Network, to share prevention strategies and partnership opportunities.
Potential Partners: public and private sectors members.

The Alabama program piloted, in collaboration with AHA and its State Quality Improvement Organization, health system supports in primary care settings to improve quality management of patients with stroke and heart disease

The Florida program implemented recommendations made by the Florida Women and Heart Disease Force by providing a public awareness campaign to educate women about the signs, symptoms, and dangers of stroke and heart disease. It provides training to health care professionals on the Clinical Preventive Practice Guidelines.

The Louisiana Program provides key support to the legislatively mandated Louisiana Stroke Education Consortium, which is charged with educating the public, EMS, and hospital staff on treating stroke as an emergency.

The Oklahoma program collaborated with the Oklahoma State Heart Disease and Stroke Network to develop stroke protocols for rural hospitals.

The Nebraska program is partnering with the American Stroke Association on Operation Stroke, to promote stroke recognition and treatment.

Surveillance

The state programs are establishing statewide surveillance systems to monitor trends in the geographic and racial distribution of heart disease and stroke deaths.

The Alabama program produced the 2002 Alabama Stroke Report for its state legislature.

Data Sources:

1. Broderick, J., Brott, T., Kothari, R., Miller, R., Khoury, J., Pancioli, A., Gebel, J., Mills, D., Minneci, L., and Shukla, R. "The Greater Cincinnati / Northern Kentucky Stroke Study: Preliminary First-Ever and Total Incidence Rates of Stroke Among Blacks." *Stroke*, Vol. 29, No. 2; February 1998
2. American Heart Association. *Heart Disease and Stroke Statistics—2003 Update*, American Heart Association; www.americanheart.org*
3. Murphy SL. Deaths: final data for 1998. *Natl Vital Stat Rep* 2000; 48:1-105.
4. CDC. State-Specific Mortality from Stroke and Distribution of Place of Death—United States, 1999. *MMWR* 2002;51 (20):1-5.
5. CDC. Public Health and Aging: Hospitalizations for Stroke among Adults aged ≥65 years—United States, 2000. *MMWR* 2003;52 (25):586-589.